



The Truth About Us

by Terri Haven, MSW, LICSW

Personal Consequence of Trauma

Childhood sexual abuse as
experienced by Anna Jennings

1960- 1992

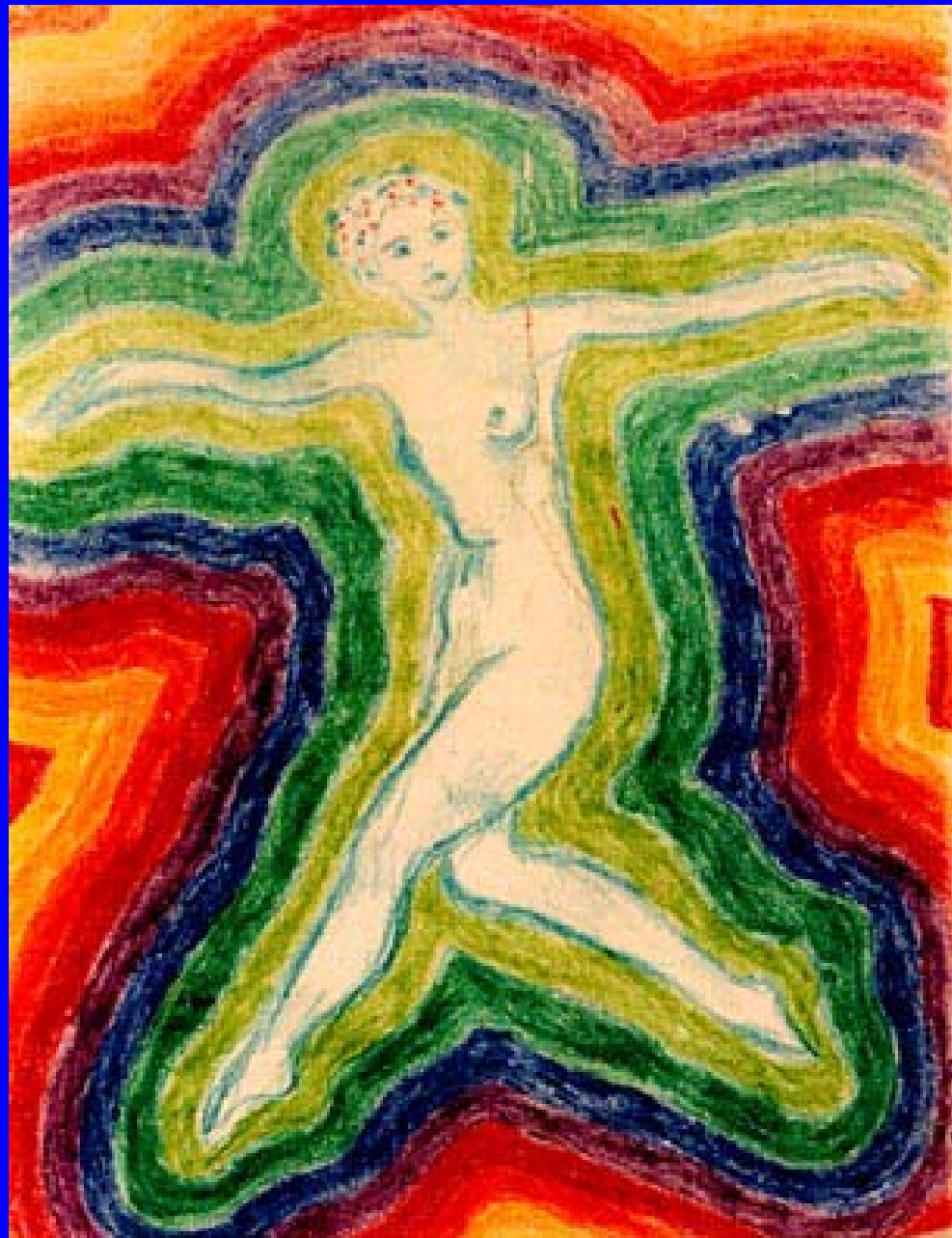
www.annafoundation.org



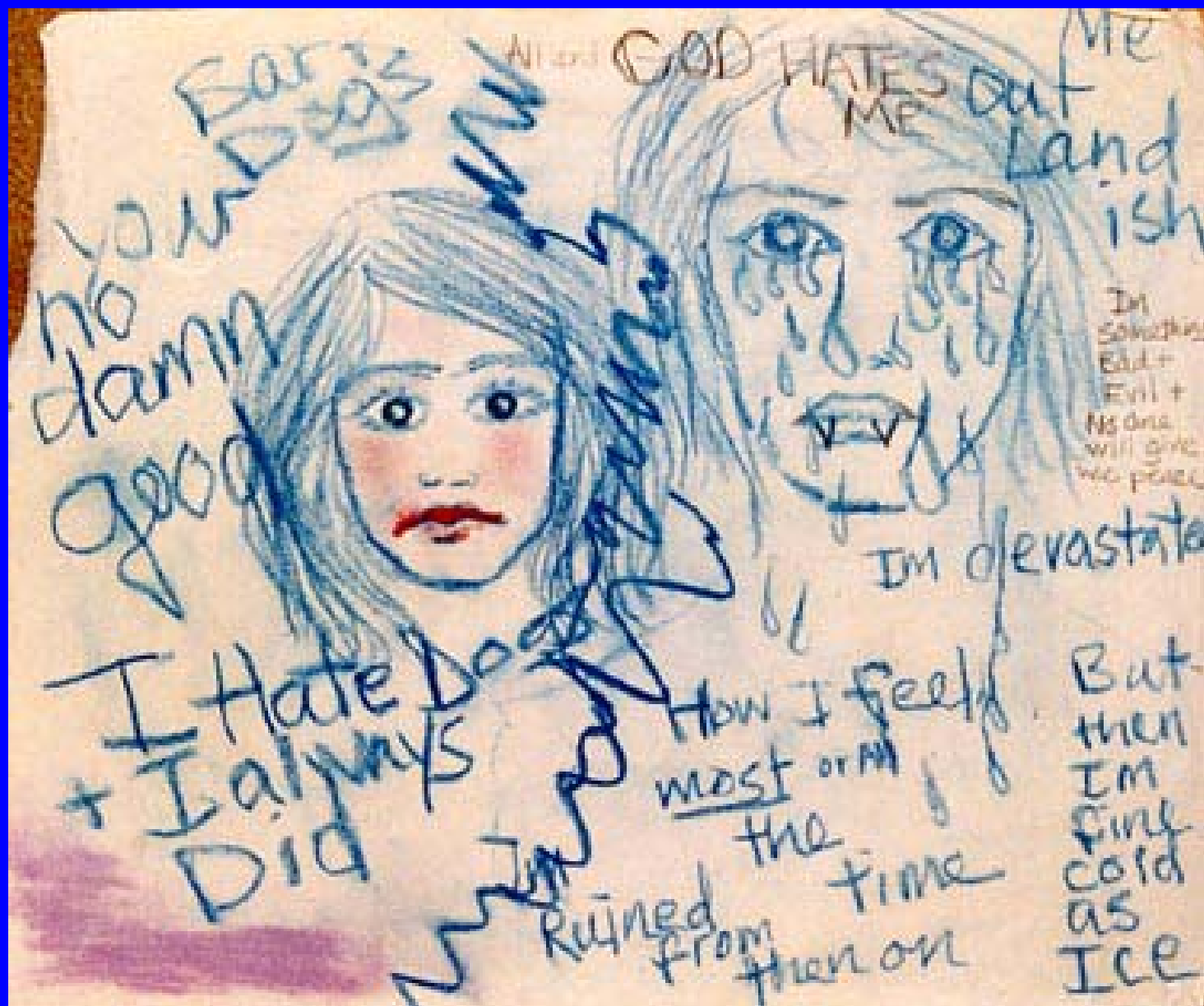




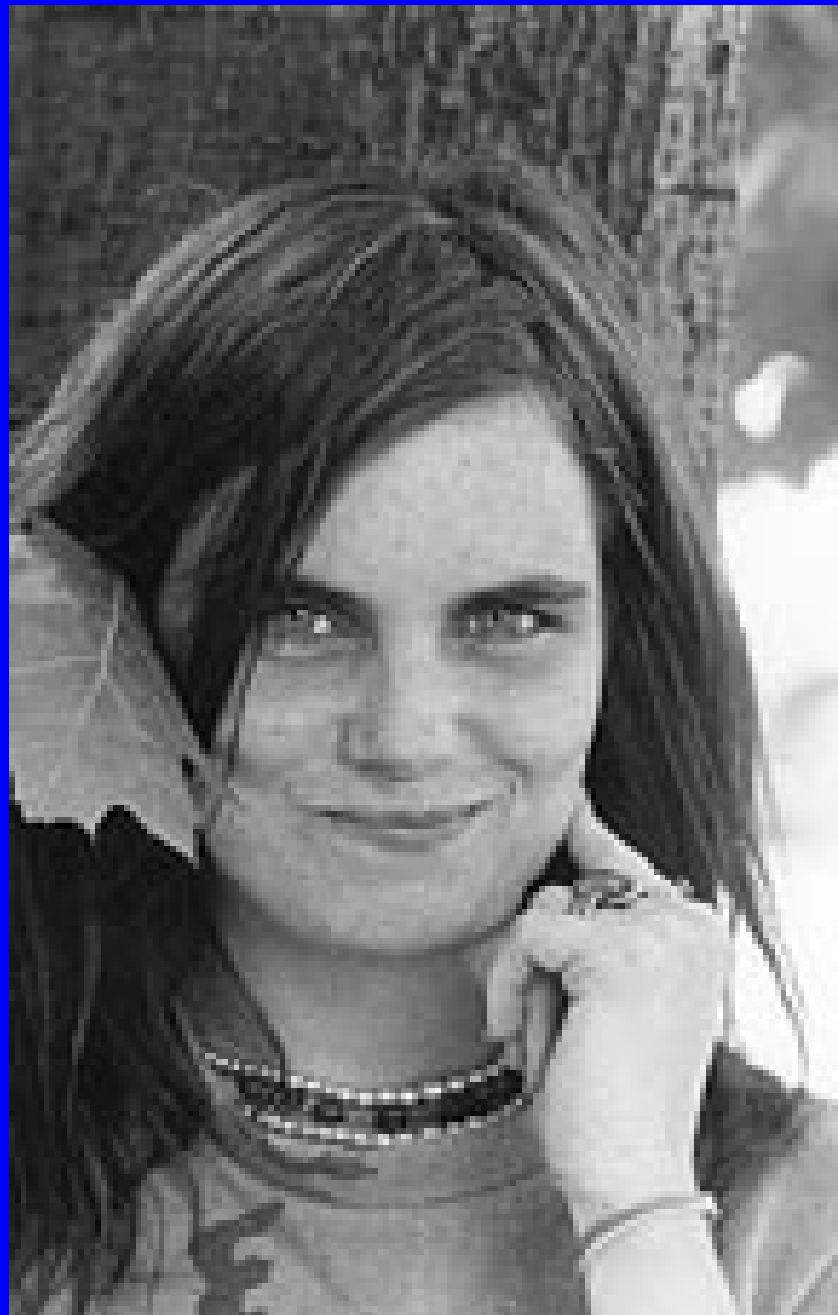


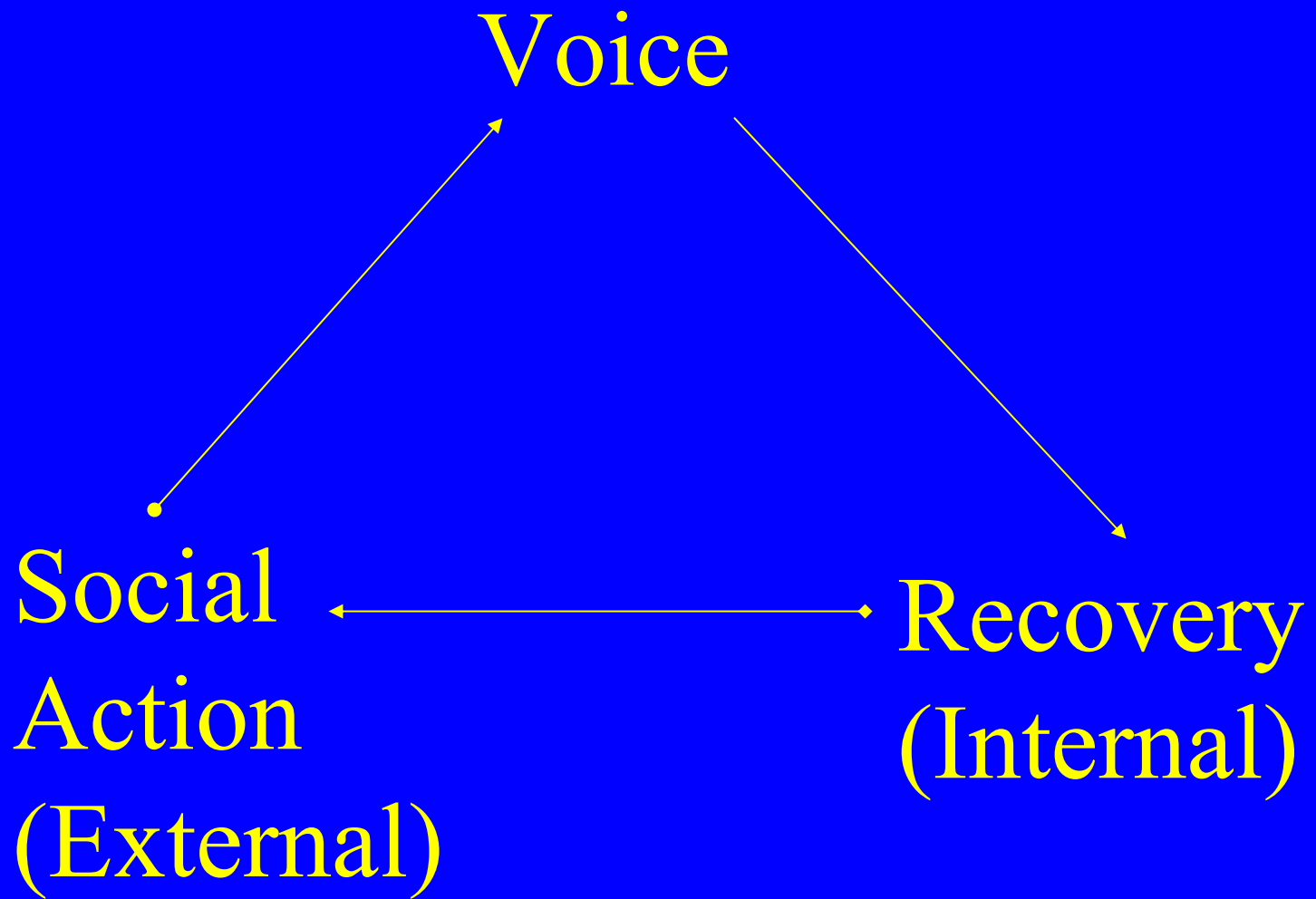














Integrated Treatment Model for Women

- **Theories of addiction & mental illness**
 - **Disease model**
 - **Emotional, physical, psychological, spiritual, socio-political**
- **Theories of women's development**
 - **Relationships & mutuality as core elements**
- **Theories of trauma**
 - **Trauma informed treatment**

(Stephanie Covington, Janet Surrey, Maxine Harris)



Self In Relation Theory

Toward a New Psychology of Women, 1976.

Jean Baker Miller

- **Women's sense of self organized around making & maintaining affiliations**
- **Stresses development through connections**



Self In Relation Theory

- **Shifts emphasis from separation to “relational self” as core self structure / basis for growth & development**
- **Connections fundamental to psychological growth & healing**



Women's sense of personhood is grounded in the motivation to make & enhance relationships to others. We observe that women tend to find satisfaction, pleasure, effectiveness, & a sense of worth if they experience their life activities as arising from & leading back into a sense of connection with others.

[Jean Baker Miller]



Healthy Connections

- **Real**
- **Authentic**
- **Forward moving**
- **Mutually empowering**



Five Outcomes of Growth-Enhancing Relationships

1. Zest → Increased vitality
2. Action → Empowered to act
3. Greater knowledge of self / others
4. Increased sense of self worth
5. Motivation for stronger connections

[J.B. Miller]



Disconnections

- **Non-mutual or abusive relationships**
- **Occur when surrounding relational context is unresponsive**
- **Extreme form - violence, sexual abuse, incest**



Outcomes of Repeated or Severe Disconnections

- **Decreased vitality**
- **Decrease in empowerment to act - helplessness, hopelessness**
- **Decrease in knowledge of self & others**
 - Little or no experience of healthy relationships
 - Loss of trust in others / increased isolation
 - Loss of trust in own experience
- **Decreased sense of self worth**
- **Difficulty managing feelings**
- **Stigma, guilt & shame**
- **May turn increasingly to drugs**



Use of Drugs / Alcohol to

- **Make or maintain connections**
- **Medicate feelings**
- **Manage symptoms**

Then - Addiction takes its own course



Violence / Trauma

- Trauma is frequently central to development of addictions & mental health problems in women
- Trauma cannot be viewed as a single discrete event but as defining & organizing experience that forms core of a woman's identity

[Maxine Harris, 2001]



Defining Violence Against Women

- **United Nations [1993]**

“...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”



Types of Violence

- **Physical assault**
- **Sexual abuse – including rape & incest**
- **Emotional or psychological abuse**
- **Environmental violence**



Children / Teens

- **More than 3 children die each day from child maltreatment; majority are under 5** *[Prescott, 1999]*
- **83% of girls report being touched, pinched & grabbed in sexual ways in school**
- **Incidence of emotional & verbal violence in teen dating relationships between 20 - 65%**
 - **1 in 5 high school girls has suffered sexual / physical abuse from a boyfriend.** *[JAMA, 2001]*
- **More than 1/2 of women raped were under 18; over 1/3 were under 12** *[National Violence Against Women Survey, 1995]*



Violence Against Women In the U.S. - 1998

- **3,646,750 – girls & women 12+ victims of personal crime**
- **1,249,320 – experienced violent crimes**
- **307,110 – had been raped or sexually assaulted**

(National Crime Victimization Survey (NCVS), 1995)



- **More than three-fourths (76%) of abusers were intimate partners**
- **93% of abusers were men**

(NCVS, 1995)



Abuse Effects

Researchers say that girls who suffer physical & sexual abuse by dating partners are more likely to engage in risky behaviors.

(Note: Odds of 2.0 mean a girl is twice as likely to engage in the behavior as one who was not abused.)

<i>Behavior</i>	<i>Odds</i>
Heavy smoking (within 30 days)	2.5
Binge drinking (within 30 days)	1.7
Cocaine use (ever)	3.4
Diet pill use (within 30 days)	3.7
Laxative use & / or vomiting (within 30 days)	3.7
More than three sex partners (within 90 days)	3.3
Pregnancy (ever)	3.9
Considered suicide (within 1 year)	5.7
Attempted suicide (within 1 year)	8.6
<i>Source: JAMA, 2001</i>	



Sexual / physical abuse experienced by:

- **50 – 80 % of women diagnosed with a serious mental illness**
- **55 – 99% of substance addicted women**
- **50 – 90% of female prisoners**
- **97% of homeless women with co-occurring disorders**



Co-occurrence of Substance Abuse & Domestic Violence

Nationally

- In 1997, a report by the Research Institute on Addictions revealed that 80% of women with substance abuse disorders had been the victim of domestic violence
- Brookhoff, et al. (1997). Reported that 42% of victims of domestic violence contacting the police had used alcohol or other drugs on the day of the assault



Facts on Women, Substance Abuse, Mental Health & Trauma

- **Substance abuse & mental health problems frequently occur together**
- **Women with substance abuse problems are more likely to have experienced physical &/or sexual abuse**
- **Women with mental health problems are more likely to have experienced physical &/or sexual abuse**



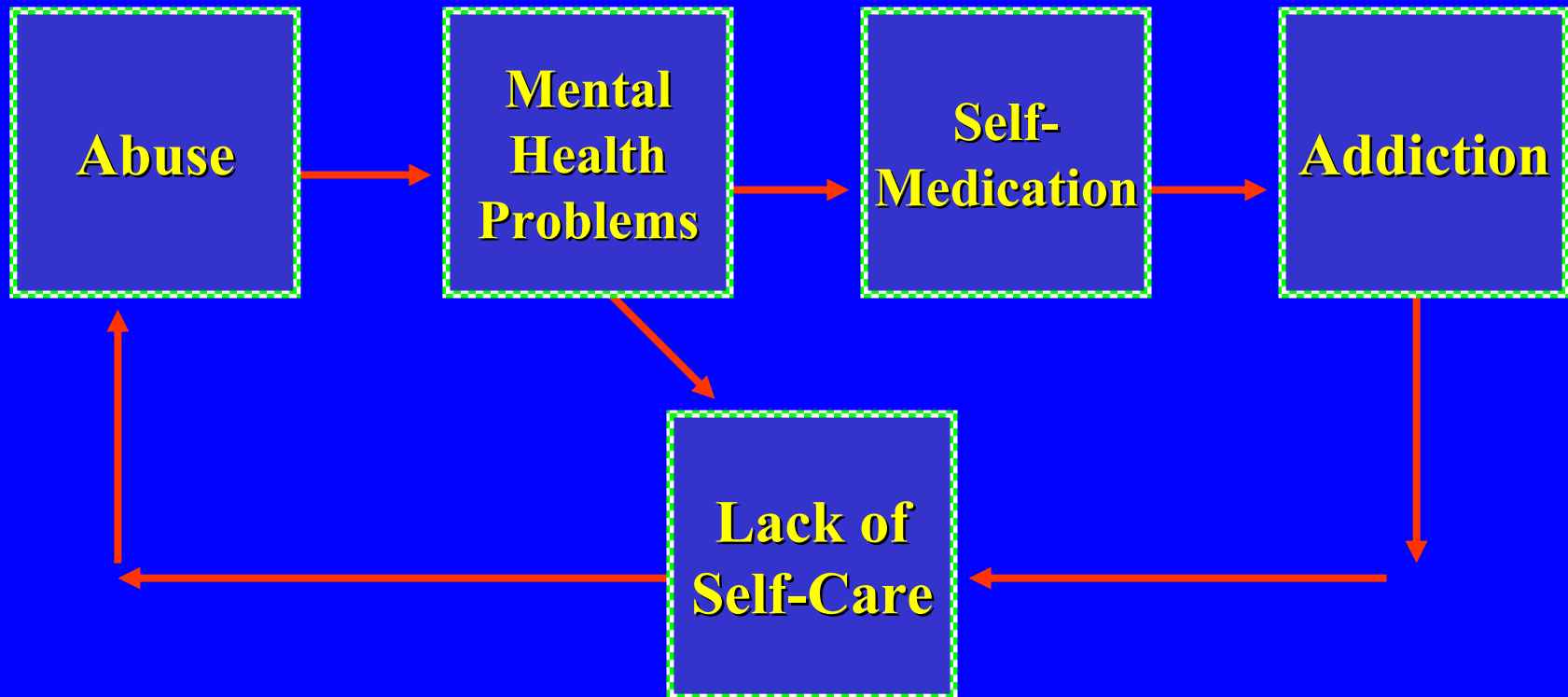
Facts on Women, Substance Abuse, Mental Health & Trauma

- **Women with both mental health & substance abuse problems are more likely to have experienced physical &/or sexual abuse than women who have only one of these problems.**
- **Women report that trauma is not adequately addressed by service providers**



Pathways of Co-Occurrence

(Begin Anywhere)





Similarities Between Interpersonal Violence and Addiction

- **Involve power and control dynamics**
- **Impact entire families through generations**
- **Thrive in silence and isolation**
- **Carry great societal stigma and shame**
- **Involve denial systems including:**

Minimizing

Rationalizing



Special Issues of Victims of Violence Who Are Substance Abusers

The presence of both substance abuse & domestic violence increases the severity of injuries & lethality rates (Mackey, 1992).

Perpetrators may pose risk to partners by:

- Introducing partner to drugs
- Forcing or coercing partner use
- Isolating partner from help
- Coercing partner to engage in illegal acts
- Using withholding drugs as a threat
- Using legal history as a threat
- Blaming abuse on partner use



Symptoms & Problems Resulting From Trauma

- **Addiction**
- **Depression**
- **PTSD**
- **Suicide or suicidal behavior**
- **Eating disorders**
- **Self inflicted injuries**
- **Low self-esteem**
- **Harmful relationships**
- **Dangerous or risky behaviors**



Trauma Informed Treatment

- **Understanding of multiple & complex links between trauma & addiction**
- **Understanding trauma related symptoms as attempts to cope**
- **A woman will not have to disclose a trauma history to receive trauma-sensitive services. All services will be trauma sensitive**



Trauma Informed Treatment

- **All staff will be knowledgeable about impact of violence & trained to behave in ways that are not re-traumatizing**
- **Women will have access to trauma specific services**

(Maxine Harris, 2001)



Key Principles of Trauma-Informed Services

- **Physical and emotional safety**
- **Choices and control**
- **Clarity of tasks and boundaries**
- **Collaboration and sharing of power**
- **Empowerment and skill building**

[Roger Fallot, 2002]



Trauma Informed Treatment

- **Program avoids use of recovery tactics contraindicated for trauma survivors such as:**
 - **Shaming**
 - **Moral inventories**
 - **Confrontation**
 - **Intrusive monitoring**
- **Goal is to return sense of control & autonomy to consumer - survivor**

[Maxine Harris, 2001]



Procedures or Situations That May Trigger Prior Experiences of Trauma Include:

- Lack of control-powerlessness
- Threat or use of physical force
- Observing threats, assaults, others engaged in self-harm
- Isolation
- Being in a locked room or space
- Physical restraints - *handcuffs, shackles*
- Interacting with authority figures
- Interacting with men, in general
- Lack of privacy
- Removal of clothing – *strip searches, medical exams*
- Being touched – *pat downs*
- Being watched – *suicide watch*
- Loud noises
- Fear based on lack of information
- Darkness Intrusive or personal questions



Failure to Provide Appropriate Care Leads to:

- **Retraumatization**
- **Increase in symptoms**
- **Increase in management problems**
- **Recidivism**



Appropriate Care Includes:

- **Comprehensive, ongoing assessment**
- **Appropriate crisis management**
- **Collaborative symptom management**
- **Psychoeducation & skill-building**
- **Peer support**
- **Collaborative discharge planning**



Creating Trauma-Informed Systems of Care Requires:

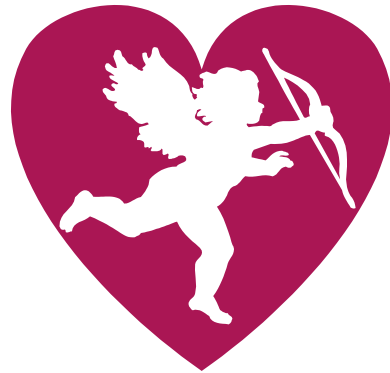
- **Leadership**
- **Commitment to importance of trauma**
- **Universal screening for trauma**
- **Staff hiring, training and education**
 - **Sensitization and specialized clinical training**
- **Review of policies / procedures**
 - **Eliminate re-traumatizing ones**

[Roger Fallot, 2002]

Leadership in Challenging Times

Leaders Present and Past:
Remembering our History

What made them leaders?
They followed their hearts.



Pathological Optimism

VS

Hope with Eyes Open

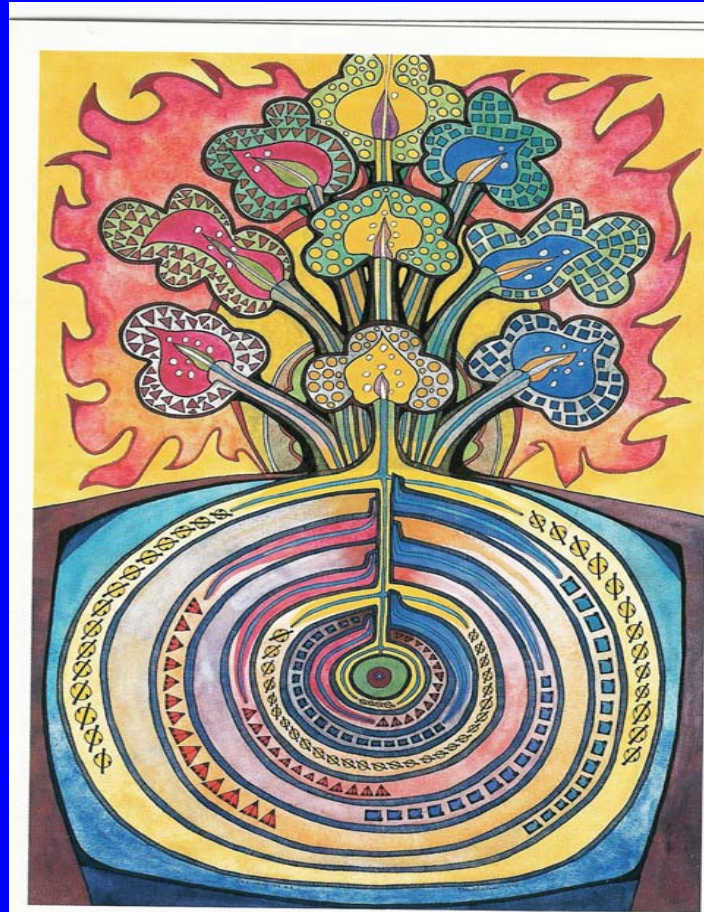
Social Context

- Progress on trauma needs political support
- All forms of violence are interconnected
- Coercion and control are the handmaidens of violence

A Network of Support

- Consumer movement, rehabilitation and recovery, community mental health
- Domestic violence, rape crisis, women's programs
- Conflict management and peace studies
- Victim assistance
- International human rights groups

What did we learn from 9/11?



Lessons from 9/11

Trauma causes mental illness

Peer support natural and effective re

Traumatic events are cumulative

A public health model is key

Lessons from 9/11

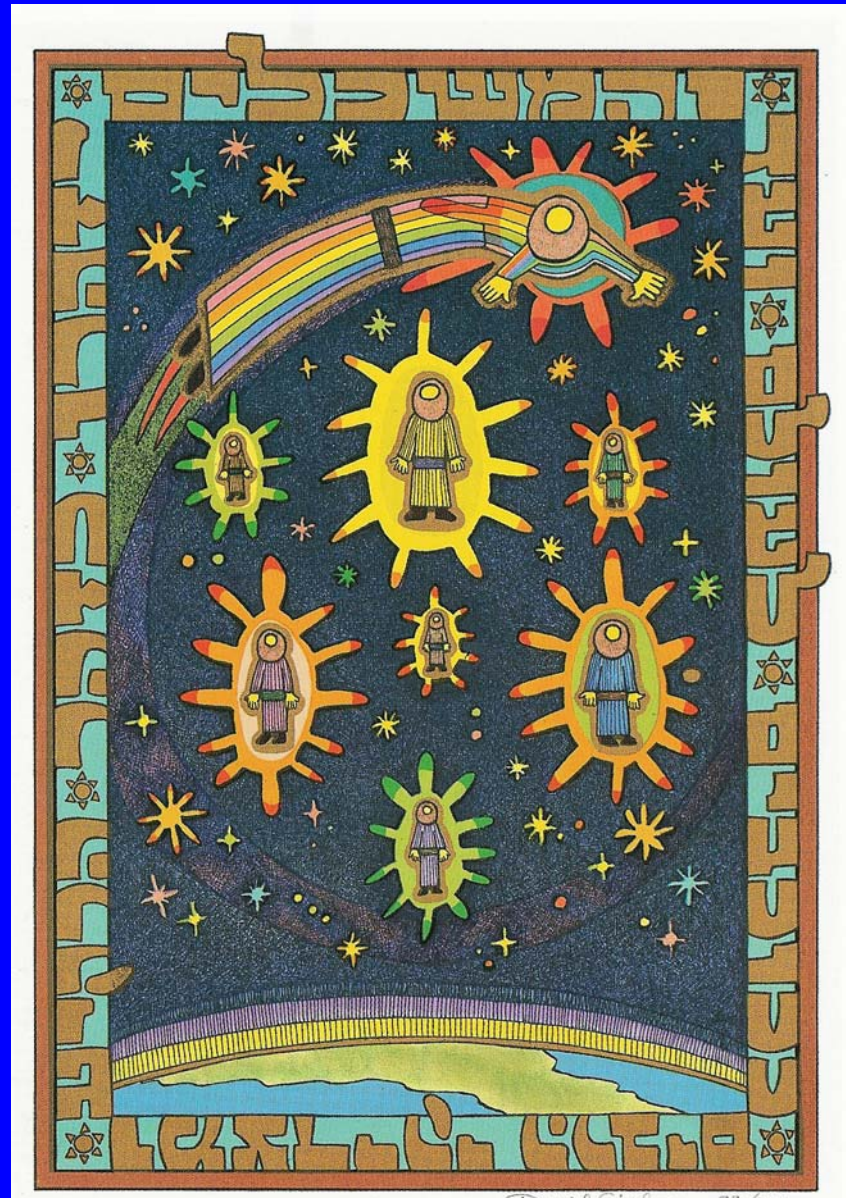
Use natural community settings

Cultural and linguistic access

Faith communities are critical

Transcendence not recovery

Vision for the Future



To heal the planet, heal
ourselves





Silence

Anasuya Sengupta, Lady Shri Ram College, New Delhi

Too many women
in too many countries
speak the same language
of silence
My grandmother was always silent-
always aggrieved---
only her husband had the cosmic right
(or so it was said)
to speak & be heard.

They say it is different now
(After all, I am always vocal
and my grandmother thinks
I talk too much).
But sometimes I wonder.

When a woman gives her love,
as most women do, generously --
it is accepted.

When a woman shares her thoughts,
as some women do, graciously --
it is allowed.

When a woman fights for power,
as all women would like to,
quietly or loudly
it is questioned

And yet, there must be freedom --
If we are to be heard.

And when we have both
(freedom and power)
Let us not be misunderstood

We seek only to give words
To those who cannot speak
(too many women
in too many countries).

I seek only to forget the sorrows
Of my grandmother's silence.